

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION -
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -8 AM 7:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P06000116291

1. Corporation Name

WIRELESS PHONES INCORPORATED

2. Principal Office Address - No P.O. Box #

8520 Navarre Parkway

Suite, Apt. #, etc.

City & State

Navarre, Florida

Zip

32566

Country

USA

3. Mailing Office Address

8520 Navarre Parkway

Suite, Apt. #, etc.

City & State

Navarre, Florida

Zip

32566

Country

USA

000149166960
04/08/09--01003--034 **300.00

REINSTATEMENT (08-09)

**4. Date Incorporated or Qualified
To Do Business in Florida**

**5. FEI Number
20-5541744**

☐ Applied For
☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Christopher Weldy

Street Address (P.O. Box Number is Not Acceptable)
8520 Navarre Parkway

Suite, Apt. #, Etc.

City
Navarre

State
FL

Zip Code
32566

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Christopher E. Weldy*
REGISTERED AGENT MUST SIGN

Date **3-30-09**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Christopher Weldy	8520 Navarre Parkway	Navarre, Florida 32566
S	Linda Norman	8520 Navarre Parkway	Navarre, Florida 32566

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Christopher E. Weldy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-30-09

Daytime Phone #

850-515-0255